

CV 12 5697

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ NOV 15 2012 ★

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

LONG ISLAND OFFICE

FEUERSTEIN, J

WALL, M.J.

JURY TRIAL DEMAND

YES ☒ NO ☐

-----X
Robert T. Remberton PIN# 212517
Full name of plaintiff/prisoner ID#

Plaintiff,

-against-

FRANCO P. FRATELLIZZI
MARIO CASTANO
MATTHEW DINIZIO et al

Enter full names of defendants

[Make sure those listed above are
identical to those listed in Part III.]

Defendants.
-----X

I. Previous Lawsuits:

A. Have you begun other lawsuits in state or federal court
dealing with the same facts involved in this action or
otherwise relating to your imprisonment? Yes () No (☒)

B. If your answer to A is yes, describe each lawsuit in the space below
(If there is more than one lawsuit, describe the additional lawsuits
on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district;
if state court, name the county)

3. Docket Number: _____

4. Name of the Judge to whom case was assigned: _____

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: RIVERHEAD CORRECTIONAL FACILITY

A. Is there a prisoner grievance procedure in this institution? Yes (☒) No ()

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No (☒)

C. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not SUFFOLK County Police

Illegally Arrested me and SCRP Unlawfully Held me

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes () No (☒)

F. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Robert T. Pemberton

Address 133 CEDAR LAKE, MENDOTA, N.Y. 11763

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

FRANCO P. FRATELLUZZI

SUFFOLK Cty 6th Pct. Det.

Defendant No. 2

MARIO CASTANO

SUFFOLK Cty 6th Pct. Det.

Defendant No. 3

WILLIAM P. VASQUEZ

30 YAPHANK AVE Police Headquarters

Defendant No. 4

MATTHEW DINIZIO

Defendant No. 5

WARDEN CHARLES EWALD

c/o: RIVERHEAD Correctional Facility
110 Center Drive, Riverhead, N.Y. 11901

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

WITH Deliberate Indifference AND Malicious Intent
THE DEFENDANTS INDIVIDUALLY AND CONSPIRATORILY CHARGED
ME WITH SALES (2) OF CRACK COCAINE AT 2 DIFFERENT
ADDRESSES, ONE OF WHICH IS AN IMPOSSIBILITY AND IS KNOWN
TO BE AN "Allyed" Drug Arrestees RESIDENCE ALSO NAMED
"PETE". Reportedly Arresting me BECAUSE OF MY NAME.

Note TWO (2): Drug SALES WITH NO Drug POSSESSION CHARGES
AND NO CO-DEFENDANTS AND THIS ARREST HAPPENING @ (8)
Eight Months Later.

IV. A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

ANXIETY, Mental Anguish, FEAR OF Retaliation including
Manufactured Drug Sales and/or Possession etc...

Loss of Property which was stolen while I was in
custody.

V. Relief:

State what relief you are seeking if you prevail on your complaint.

Compensatory Damages	1.5 million Dollars	\$ 1,500,000.00
Punitive Damages	\$ 500,000.00	
Monetary Damages	\$ 250,000.00	

I declare under penalty of perjury that on 11/13/12, I delivered this
 (Date)
 complaint to prison authorities to be mailed to the United States District Court for the Eastern
 District of New York.

Signed this 13TH day of NOVEMBER, 20 12. I declare under penalty of
 perjury that the foregoing is true and correct.

Robert Pemberton
 Signature of Plaintiff

RIVERVIEW Correctional Facility
 Name of Prison Facility

133
133 CEDAR LN., MIDDLETOWN
N.Y., 11901
 Address

212517
 Prisoner ID#